FEC FORM 3P

2016 - 04 - 19 - 08 - 00068567

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

REURIVE I FEDERAL LL-LLIG COHMISSI, II PUBLIC DISCLASURE DIVIDION

2016 AFR 4590nPH 3: L1

	Sala Mudé designate d'altre
1. NAME OF COMMITTEE (in full, type or print)	Example: If typing, type over the lines. 12FE4M5
Mary AKM Clarte	1 election Campalein
Camm, Hel	
ADDRESS (number and street))	
Check if different 19218 Mar	1 Stran Dride
than previously reported. (ACC	S. M. M. 285.
2. FEC IDENTIFICATION NUMBER CODSTO	STATE ZIP CODE 192 3. THIS REPORT IS FOR Primary or General
4. TYPE OF REPORT (Choose One)	Check here if this is a Termination Report (TER)
Quarterly Reports:	Monthly Reports:
April 15 (Q1)	Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11)
July 15 (Q2) January 31 Year-End Report (YE)	Mar 20 (M3)
Thirtieth day report following the General Election on	on the State of .
Is this Report an Amendment?	
5. Covering Period 63 / 14 / 2016	through OF 15 1 2016
I certify that I have examined this Report and to the best of my kn	owledge and belief it is true, correct and complete.
Type or Print Name of Treasurer	Con(on
Signature of Treasurer Transcript Transc	
	subject the person signing this Report to the penalties of 52 U.S.C. §30109. re obsolete and should no longer be used.
Office Use Only	

Page 2

FEC Form 3P (Rev. 03/2011)

Write or Type Committee Name/

DETAILED SUMMARY PAGE

of Receipts

Page 3

FEC Form 3P (Rev. 03/2011)

NAME OF COMMITEE (in Full)

22. TOTAL RECEIPTS

(Add 16, 17(e), 18, 19(c), 20(d) and 21)

2016 · 04 · 19 · 03 · 00068570

2016 · 04 · 19 · 08 · 00068571

FEC FORM 3P, Page 5 Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

ALLOCATION OF PRIMARY EXPENDITURES BY STATE FOR A PRESIDENTIAL CANDIDATE

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Office Use Only

. NAME OF COMMITTEE (in full	type or print) 2. FEC/IDENTIFICATIO	ON NUMBER	CV00570192
Mary Hry a	ugret ellows	Camp.	NSN
Cammi Hel	, 		<i>,</i>
ADDRESS (number and street)			
L_	ONS MI SING	m. Hr	Ville III
لــا	CITY	STATE	ZIP CODE
	Siri į	OME	211 3052
3. NAME OF CANDIDATE			
	ALLOCATION BY STATI	E	
STATE	ALLOCATION This Period	TOTAL ALL	OCATION To Date
Alabama			
Alaska	<u></u>	<u> </u>	
Arizona			
Arkansas			
California			0
Colorado			0
Connecticut			
Delaware			
District of Columbia	< 0000		COO NO
Florida	GOD NO		G 00 470
Charles are the temperature of the second second		<u></u>	
Georgia		بر برب	,>.00,00
Hawaii		<u></u>	
Idaho			
Illinoic		1	

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Indiana		
lowa		
Kansas		
Kentucky	<i>5000</i> 0	50000
Louisiana		,,,,,,500,00
Maine		
Maryland		,500,00
Massachusetts		
Michigan		
Minnesota		
Mississippi		
Missouri		
Montana		
Nebraska		
Nevada		
New Hampshire		
New Jersey		
New Mexico		
New York		
North Carolina		
North Dakota		
Ohio		
Oklahoma		
Oregon		
Pennsylvania		

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island		
South Carolina		
South Dakota		
Tennessee	[000,00]	
Texas		
Utah		
Vermont		
Virginia	500,00	500,00
Washington		
West Virginia		
Wisconsin		
Wyoming		
Puerto Rico		
Guam		
Virgin Islands		
TOTALS		

	Report	Covering the Period: From:	0:
	<u>—</u>	OPERATING EXPENDITURES (Line 23, Column B)	
	В.	OPERATING OFFSETS Line 20a, Column B)	
2	C.	CURRENT YEAR NET OPERATING EXPENDITURES (Subtract Line B from A)	
	D.	PRIOR YEAR(S) OPERATING EXPENDITURES	
	E.	PRIOR YEAR(S) OPERATING OFFSETS	
0	F.	PRIOR YEAR(S) NET OPERATING EXPENDITURES (Subtract Line E from D)	
19	G.	FUNDRAISING DISBURSEMENTS (Line 25, Column B)	
	н.	OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B)	
	l.	CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)	
ŏ	J.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS	
6 8	K.	PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS	
000068574	. L.	PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)	
4	М.		
	N.	20% EXEMPTION (20% of Overall Expenditure Limit)	
	0.	TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT	

(Subtract Line N from M)

(Add Lines C, F and O).....

P. TOTAL EXPENDITURES SUBJECT TO LIMITATION

FEC Form 3P

NAME OF COMMITEE (in Full)

EXPENDITURES SUBJECT TO LIMIT
(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 4

I SCHEDULE A-P ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only one) 16 17a 17b 17c 17d 18
		y person for the purpose of soliciting contributions nittee to solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Mary AKV G	Varfey electron (amprish Committee
A. Full Name (Last, First, Middle Initial) Mailing Address City City Control City City City Control Ci	harfer Mary Ak Stream John State Zip Code 2087	Date of Receipt Date of Receipt Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation of Candida Election Cycle-to-Date	Amount of Each Receipt this Period Memo Item
B. Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify) General	Occupation Election Cyple-to-Date	Amount of Each Receipt this Period Memo Item
C. Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	- Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	Occupation Election Cycle to-Date	Amount of Each Receipt this Period Memo Item
Subtotal Of Receipts This Page (o	optional)	

FEC Schedule A-P (Form 3P) (Rev. 12/2015)

	SCHEDULE B-P ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE OF (check only one)
	Any information copied from such Reports and Statements		27b 28a 28b 28c 29 person for the purpose of soliciting contributions
	or for commercial purposes, other than using the name an NAME OF COMMITTEE (In Full)	d address of any political committee	ee to solicit contributions from such committee.
	MARY MAN QUARTIE Full Name (Last, First, Middle Initial)	4 ELECTION	CAMPAGAY COMMITTEDE
	A. Delantey Mary A.		Date of Disbursement
	Mailing Address 02 09 Mill Sho	ram	04 155 2018
	City Galflesburg State	UN Zip Code 2087	7
2 0	Purpose of Disbursement Candidate Name /		Amount of Each Disbursement this Period
2 0 1 6	Mary Any Cu	Category/ Type	Luna, C
- 0 4	Senate Prima President Other	_	Memo Item
1	State: District: Full Name (Last, First, Middle Initial)		
<u>j</u>	В.		Date of Disbursement
0	Mailing Address		
9	City State	Zip Code	
00068576	Purpose of Disbursement		Amount of Each Disbursement this Period
8	Candidate Name	Category/ Type	
7 6	Office Sought. House Senate Prima President Other	/ <u> </u>	Memo Item
	State: District: Full Name (Last, First, Middle Initial)		<u></u>
	c.		Date of Disbursement
	Mailing Address		
	City State	Zip Code	
	Purpose of Disbursement		Amount of Eagh Disbursement this Period
	Candidate Name	Category/ Type	2 V
	Office Sought: House Disbursement I Senate Prima	ary General	Memo Item
	State: President Other	(specify)	
	Subtotal Of Receipts This Page (optional)		
	Total This Davied /lest page this line number calls	A)	

	Mailing Address City City	State ZIP Co	D Nue	General Other (specify)
	Gastles burg	My	D0 &	75
, m.	Original Amount of Loan	Cumulative Payment To D	ate	Balance Outstanding at Close of This
20-6	L	<u></u>		<u></u>
Ē	TERMS Date Incurred	Date Due	Interes	
0	06 30 DOIG			% (apr) Yes
- 1	List All Endorsers or Guarantors (if an	y) to Loan Source		
.	1. Full Name (Last, First, Middle Initial)	A.	Name of Employer	Storle
0	Mailing Address		Occupation /	Stolentry (au
-	City State	ZIP Code	Amount Guaranteed	
00068577	2. Full Name (Last, First, Middle Initial)		Outstanding: Name of Employer	
8	Mailing Address		Occupation	
7			Amount Guaranteed	
	City State	ZIP Code	Outstanding:	<u> </u>
	3. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City	ZIP Code	Amount Guaranteed Outstanding:	
	4. Full Name (Last, First, Middle Initial)		Name of Employer	
	Mailing Address		Occupation	
	City	7IP Code	Amount	

Outstanding:

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of

the Detailed Summary Page

SCHEDULE C-P

NAME OF COMMITTEE (In Full)

Subtotal Of Receipts This Page (optional).....

Total This Period (last page this line number only)......

LOANS

PAGE

FOR LINE NUMBER: (check only one)

OF

J19a

of This Period

2016 : 04 : 19 : 08 : 00068578

Schedule C-P-1 Federal Election Commission 999 E Street, N.W. Washington, D.C. 20463

LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary from Information found on Page ____ of Schedule C-P

NAME	ME OF COMMITTEE (in full, type or print) FEC IDENTIFICATION NUMBER	70192
M	MARY AKU QUARTET ELECTION CAMPAIGN CON	OMITTE
FULL N	LL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER) 10218 M	
MOUI	IOUNT OF LOAN VOICE (APR)	3 %
DATE I	TE INCURRED OR ESTABLISHED DE DOTO DATE DUE DE	j' Ders
A .	A. Has loan been restructured? No Yes If yes, date originally incurred:	
В.	B. If line of credit: Amount of this draw Total outstanding balance	
C.	C. Are other parties secondarily liable for the debt incurred? No Yes (Endorsers and guarantors must be reported)	ed on Schedule C-P.)
	D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instrum certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateration.	
	If yes, specify:	لـــا
	What is the value of this collateral: Does the lender have a perfected security interest int	in it? No Yes
E.	E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? No Yes	
	If yes, specify:	لــــا
	What is the estimated value?	
	A depository account must be established pursuant to 11 CFR 100.7(b)(11)(i)(B) and 100.8(b)(12)(i)(B). Date account established:	
	Location of account:	
	Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account:	
F.	F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not e loan amount, state the basis upon which this loan was made and remonstrate that it assures repayment	equal or exceed the

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G.	. Type or Print Name of Committee Treasurer
	L
Н.	Signature of Treasurer
I.	TO BE SIGNED BY THE LENDING INSTITUTION:
	1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurat as stated above.
	2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
	3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.
	Type or Print Name of Authorized Representative
	Title Con SIGSS WOMEN
	Signature of Treasurer Date
	GREG COMLON BOY TREY BOYES

2016 -
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SCHEDULE D-P DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line) PAGE OF

FOR LINE NUMBER: (check only one)

11

NAME OF COMMITTEE (In Full) MARY HKU QUARTEY ELECTION C	AMPAGN COMMITTE
A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Quartey Mary B.	
Mailing Address / 02/8 MM Strain Love	None
City State My Zip Code 2879	199
Outstanding Balance Beginning This Period	<u> </u>
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
	<u> </u>
B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
	^
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	
Outstanding Balance Beginning This Period	
Amount Incurred This Period Payment This Period	Outstanding Balance at Close of This Period
<u>//_ </u>	
1) SUBTOTALS This Period This Page (optional)	
2) TOTALS This Period (last page this line number only)	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	•
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	

U.S. POSTAGE PAID BATON ROUGE, LA APR 15, 16 AMOUNT 00107477-12 2016 APR 19 **USPS TRACKING NUMBER** 9500 1110 7477 6106 4014 28

2016:04:10:0M:0006%5%1

FEC MAIL CENTER AM 11: 571

	•
Federal Election Comm ENVELOPE REPLACEMENT PAGE FOR I The FEC added this page to the end of this filing	INCOMING DOCUMENTS
	Date of Receipt
Hand Delivered	
Postmarked	Date of Receipt
USPS First Class Mail 4/15/16	4/19/16
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
	Postmarked
USPS Priority Mail Express	
Postmark Illegible	•
No Postmark	
Overnight Delivery Service (Specify):	Shipping Date
N	ext Business Day Delivery
Received from House Records & Registration	Date of Receipt Office
	Date of Receipt
Received from Senate Public Records Office	
	Date of Receipt
Received from Electronic Filing Office	
Other (Specify):	Date of Receipt or Postmarked
h	Λ/1,
PREPARE	4/19/16
(3/2015)	DATE PREPARED